



**RECIPROCITY APPLICATION
STATE OF NEVADA
WASTEWATER TREATMENT PLANT OPERATOR**

(Revised April 2018)

Full Name: _____ Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) (I, II, III, or IV)

Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____

Email Address: _____
NOTE: The operator is responsible to notify Administrator of future address changes.

Are you a veteran of the United States Armed Forces: Yes No MOS & Branch: _____

Do you hold a valid Wastewater Treatment Plant Operator's Certificate? Yes No State: _____
 Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

To apply for certification as an operator of a **wastewater treatment**, a person must **be able to demonstrate the required operating experience delineated in NAC 445A.287 (4), be at least 18 years of age, and meet the following minimum education requirements:**

Grade I: High school diploma, general educational development certificate or equivalent and 60 contact hours of wastewater related education; and one year of experience in operating at a Classification I Facility or higher.

Grade II: Requirements for Grade I and an additional 60 contact hours of wastewater related education; and two total years of experience in operating, with at least one year at a Classification II Facility or higher.

Grade III: Requirements for Grade II and two postsecondary courses of instruction; and three years total experience in operating, with at least one year at a Classification III Facility or higher.

Grade IV: Requirements for Grade III and two additional postsecondary courses of instruction; and at least four years total experience in operating, with at least one year at a Classification IV Facility.

Total Amount of Experience as a Wastewater Treatment Plant Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____
 Date of Hire: _____
 Address: _____

Job Title: _____ Length of Service as an operator: _____
 Give a description of your job duties: _____

Name of Supervisor: _____
I am aware that there are significant penalties for attesting to false information. _____
 Signature of Supervisor/Date

PRESENT EMPLOYER'S WASTEWATER TREATMENT FACILITIES

Type of Treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD

Type of Agency: Public Private Other: _____

Brief Description of Treatment Plant: _____

Types of Methodology Used: _____

EDUCATION

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Wastewater Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

(e) Wastewater Courses Satisfactorily Completed: _____
Other education or training you have had (*science or wastewater related*): _____

Are you presently enrolled in a wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS WASTEWATER TREATMENT PLANT OPERATOR WORK EXPERIENCE

Dates of Service	Total Years	Employer's Name/Address/Phone	Your Position/Supervisor's Name

Summarize any additional experience you have had which qualifies you for certification as a wastewater treatment plant operator: _____

REFERENCES

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

	Name	Address	Phone	Job Title
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I certify that the information provided, including attachments, is true and accurate. By signing this application, I agree to adhere to the Wastewater Professional Code of Conduct (see below). If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

The nonrefundable reciprocity application fee of \$150 payable to N.D.E.P. (*Nevada Division of Environmental Protection*) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$110 fee.

MAIL TO: Wastewater Operator Certification Program
Bureau of Water Pollution Control
Nevada Division of Environmental Protection
901 S. Stewart, Suite 4001
Carson City, NV 89701
(775) 465-2045

CODE OF CONDUCT

The Wastewater Professional Code of Conduct requires certificants holding Wastewater Treatment Plant Operator, Collection System Operator, Industrial Waste Operator, Industrial Waste Inspector, Plant Maintenance Technologist and Wastewater Quality Analyst certifications to act honestly, competently, and with integrity and to use their knowledge and skill for protection of the environment. As a condition of holding and maintaining a Nevada certification, I agree to:

- Be truthful and accurate in what I say, do, and write.
- Adhere to all laws and regulations applicable to the profession.
- Promote and encourage the highest quality of wastewater facility/system operation within the industry.
- Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
- Not conduct myself in a manner that subverts or attempts to subvert the minimum certification requirements, application processes, or examination processes.
- Uphold and follow all certification policies and procedures.

Items Below for Committee Use Only

Payment Received: _____

Check No.: _____

Approved for Grade: _____

Not Approved

Administrator Signature

Certificate Issued: _____ Certificate No.: _____ Expires: _____